Reporting and Recordkeeping Form 2

Subrecipient Semi-Annual Report
Report is due by July 31st for period ending June 30th and January 31st for period ending Dec. 31st.

Reporting Period (Check One) June 30,					December 31,			
Grantee Informati	on							
Grantee name					Grant num	nber		
Grantee address					Grantee telephone			
Grant Administrator					Grant Adn telephone			
Subrecipient Info	rmatic	n						
Subrecipient nam				recipient a	ddress			
Contact person					Telephone			
				nail Address	6			
Project Information	on			•				
Nature of Project:								
Physical Address of Project:								
Date Certificate of Completion Issued:								
Date Reporting Period Ends:								
National Objective	e (Che	ck Only	v One)					
Activities Benefiting Low and Moderate (LMI) Persons								
Area Wide Basis			Limited Clientele		Job C	reation/	Retention	
#LMI Beneficiarie	s Prop	osed	ed		#LMI Actual Beneficiaries			
Activities Which	Aid ir	n the F	Prevention or Eli	minat	ion of Slu	ns or Bl	iaht	
Area wide Basis					Spot Basis			
Activities Having an Urgency or Imminent Threat to Health and Safety								
Certificate of Insuran	co: Incl	udo Inc	surance endorsemer	st with	this report	The sub-re	scinient agreeme	nt
requires that the sub-								
or accidental damage.								
Certification								
It is hereby certified by both the Grantee and the Subrecipient that the project facilities, funded in whole or in								
part by federal CDBG funds, continue to be used for the approved activity, continue to meet the specified national objective, and continue to serve the number of beneficiaries originally intended in the project								
application.	ariu col	ılırıde t	o serve the number	oi be	nendanes 0	ngmany If	nenueu in ine pi	Oject
	Ema	ail com	pleted report to:	Grant	ServicesCE	BG@lg.	IN.gov	